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UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT		Form A For Use by Members, Officers, and Employees	LEGISLA LANGE LEGISLE CONTE
Name: Gonnie More Worken Colomin Daytime Telephone 202-	∭Daytime Telephone:≟	225 580/	A \$200 penalty shall be assessed against any individual who files more than 30 days latts:
FILER Member of the U.S. State: House of Representatives District:	NJ	Officer or Employing Office:	Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT TYPE 2018 Annual (Due: May 15, 2019)	Amendment	Termination Date of Termination:	nation:
PRELIMINARY INFORMATION - ANSWER EACH OF THE	THESE QUESTIONS		
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? 	Yes No F. Did you loutside enti	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	angement with an Yes V No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No Figure 1 Reportable gift(s) to source during the	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	d receive any e from a single Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No H. Did you, reportable t	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	d receive any taling more than Yes Wo No porting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No II. Did any individu lieu of paying you reporting period?	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	ation to charity in Yes No III
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No ATTACH	THE CORRESPONDING	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT,	T, OR TRUST INFORMATION	•	ANSWER <u>EACH</u> OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initicontact the Committee on Ethics for further guidance.	as a part of an Initial Public Offering during the reporting period? If	od? If you answered "yes" to this question, please	estion, please Yes No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Committee on Ethics and certain other "excepte or dependent child?	ed trusts" need not be disclosed. Ha	ve you excluded Yes No 🗹
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spo all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	arned" income, transactions, or liabilities of onsulted with the Committee on Ethics.	a spouse or your dependent child because they meet	cause they meet Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: BONIVIE Mane Withon Co Leman

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	plan (NJ STUPE)	Deferred Compensión	Prudential Employee	MAGNESTOWN, NJ	599N Church ST	ABC Hedge Fund X	Examples:	SP Maga Corp. Slock EIF	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted interest in, or income source is that of your spouses (SP) or income source is that of your spouses (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	the account mat exceeds the reporting investiolits. For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	BLOCK A Assets and/or Income Sources Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symboss). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in
П									None	>	
									\$1-\$1,000	©	ation ation ation the have
							Indefinite		\$1,001-\$15,000		Mis #
				_			8	\vdash	\$15,001-\$50,000		Indicate value of as valuation method oth used. If an asset was sold because it generated *Column M is for assigned you have no interest.
				<u> </u>	_						ets he
			<u> </u>	<u> </u>				×	\$50,001-\$100,000	<u>.</u>	Value of Asset Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interset.
┞╌┤			<u> </u>	<u> </u>	Ļ	<u> </u>			\$100,001-\$250,000		BLOCK B Value of Asset It dose of the repo an fair market value, ing the reporting pe me, the value should ad by your shouse or
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			_	<u> </u>					Spouse/DC Asset over \$1,000,000*	<u> </u>	
		_		<u> </u>	X	<u> </u>	_		NONE		Type of Income Check all colums that apply. For generate tax-defended income (such as 529 accounts), you may check the column. Dividends, interest, and cap if reinvested, must be disclosed assets held in taxable accounts. Chassets generated no income during the
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							[1	TAX-DEFERRED .		
						Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		accounts that 401(k), IRA, or "Tax-Deferred" tial galins, even as income for ock "None" if the sporting period.
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				L		Ĺ	Ŀ		\$1-\$200	=	Arnount Arnount Arnount For assets for which you chec may check the "None" column category of income by che- phydends, interest, and ca- must be disclosed as inco- accounts. Check "None" if no "Column XII is for assets held in which you have no interest.
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$\Box X$	X								\$15,001-\$50,000		tal garage
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									\$100,001-\$1,000,000	5	erned' er ass propris even ets hy earne
				L					\$1,000,001-\$5,000,000	<u> </u>	Amount of Income Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was samed or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.
				L					Over \$5,000,000 -	2	ock C.
									Spouse/DC Asset with Income over \$1,000,000*		
								S(part)	P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	Transaction indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate so follows: (S (part)).

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: BONNIE Marie Workson Coleman Page 3 of RO

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																	P. S. S(part), or E	BLOCK E Transaction

SCHEDULE B - TRANSACTIONS

Name: Bonn, o Mary Westson Coleman Page 4 of 10

						•							SP Example Mega Corp. Stock	SP, DC, JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schadule A. * Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital toss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your
													×		Purchase Sale		Type of Transaction
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SCHEDULE C - EARNED INCOME

Name: Bonnie Morie Wichson Coleman Page 5

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "s nd PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior start rate was \$20,000. The 2019 limit is \$20,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	y relationship) are totally prohibited.	\$26,050. Ine 20 19 innit is \$20,000.
Source (include date of receipt for honoraria)	Type	Amount
Keene State	Approved Teaching Fee	\$6,000 \$18,000
Examples: City War Property (City 1) City War County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Police Pension Fund	Spouce Salong	N/A
Nt State Pension	Pension	44.724

SCHEDULE D - LIABILITIES

Name: Bonnie Mone Wookon aleman, Page 6 of

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

				SP, DC, JT		
L'e	4	hoe!	Example			
Ford Amikey Bank	CHIZEN ONE	hells Fargo	First Bank of Wilmington, DE	Creditor		
2017	21012	2/2012	5/16	Date Liability Incurred MO/YR		
Andelean	ando loan	8/2012 Mig - Primary Residence	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
	メ			\$15,001- \$50,000	69	
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				\$500,001- \$1,000,000	TI	Amount of Liability
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				\$25,000,001- \$50,000,000		
				Over \$50,000,000	د	
 	1	1	1	Over \$1,000,000*		1

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude:

Positions held in any relictions, social fraternal or notifical entities (such as notifical narties and campaign organizations): and positions solely of an honorary nature.

Position	Position Name of Organization

SCHEDULE F - AGREEMENTS

Name: Romano Movie Working Olema Page 7 of 60

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	continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation in an en	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment;	
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Date	Parties to Agreement	Terms of Agreement
10/67	NJ State Pension	Self and State Not Pension at one so
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SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

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	Page 8 of 10	2	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beling, China-DC	*	٧	Z
Exemples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	*	*	٧
Ja, h	United Mations Foundation	4273-4/24	Trenton, NJ - New York 144 - Works	<i>ک</i> ۲	ት	Z
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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\$2,000 \$500	Aug. 13, 2018	Article	yes: Association of American Associations, washington, DC XYZ Magazine	xamples
Amount	Date	Activity	Source	
rium to you. A separate	in lieu of paying an honorar	of an event to a charitable organization	ist the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	ist the sc
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							NOTE NUMBER	
						Mortgase Current on Residence Property 181 Claffin one	NOTES	